Schedule E)	PAGE 1 OF 20 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Right to Life/Oregon PAC	C C00141572
	G 000141372
Check if 24-hour report 48-hour report New report Amends report filed	d on M M M / D D / Y Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Clear Channel	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1333 SW 68th Parkway	Amount
City State Zip Code	5400.00
Tigard OR 97223	Transaction ID : SE.14209 Date of Disbursement or Obligation
Purpose of Expenditure radio ads Category/ Type 004	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ee Sought: House District:
JASON CONGER Oppose	President State: OR
Calendar Year-To-Date Per Election for Office Sought Disb 2014	oursement For: Primary General Other (specify)
Full Name of Payee Eagle Mailing Service	Date of Public Distribution/Dissemination
	04 23 2014
Mailing Address 4907 Indian School Rd NE	Amount
City State Zip Code	216.55
Salem OK 97305	Transaction ID : SE.14241 Date of Disbursement or Obligation
Purpose of Expenditure voter guide Category/ Type 004	04 DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District:
MONICA WEHBY Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For:
(a) SUBTOTAL of Itemized Independent Expenditures.	5616.55
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Mrs. Gayle Atteberry [Electronically Filed] Signature	04 25 2014
Oignature	

Schedule E)	DENT EXICIO	TIONES		PAGE 2 OF 20 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Right to Life/Oregon PAC			[C C00141572
Check if 24-hour report X 48-hour repo	rt New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Eagle Mailing Service			M	
Mailing Address 4907 Indian School Rd NE			Amount	23 2014
City	State	Zip Code		27.08
Salem	OK	97305		ction ID : SE.14242 Disbursement or Obligation
Purpose of Expenditure voter guide		Category/ Type 004	М	
Name of Federal Candidate		Support	Office Sought:	X House District:03
JAMES LAURENCE BUCHAL		Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought		142.29	Disbursement 2014 Oth	For: X Primary General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Eagle Mailing Service				04 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4907 Indian School Rd NE	•		Amount	
City	State	Zip Code		243.69
Salem	OK	97305		tion ID : SE.14243 Disbursement or Obligation
Purpose of Expenditure voter guide		Category/ Type 004		4 25 2014
Name of Federal Candidate		X Support	Office Sought:	House District:
JASON CONGER		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought		190048.12	Disbursement 2014 Oth	For:
(a) SUBTOTAL of Itemized Independent Expe	enditures		•	270.77
(b) SUBTOTAL of Unitemized Independent E	xpenditures			7 7 7 7
				4- 4- 4-
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that the ind- with, or at the request or suggestion of, any of party committee) any political party committee	andidate or authorize			
Mrs. Gayle Atteberry Signature	[Electron	nically Filed] Date		25 / 2014
9				

Schedule E)	INI EXI END	HONLO		PAGE 3 OF 20 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Right to Life/Oregon PAC			C	C00141572
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Eagle Mailing Service			M = M /	Distribution/Dissemination
Mailing Address 4907 Indian School Rd NE			Amount	23 2014
City	State	Zip Code		27.08
Salem	OK	97305	Transaction II Date of Disbut	
Purpose of Expenditure voter guide		Category/ Type 004	04	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 02
DENNIS BRADLEY LINTHICUM		Oppose	President	Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		27.08	Disbursement For: 2014	Primary General General Gecify) ►
Full Name of Payee Eagle Mailing Service			M = M /	Distribution/Dissemination
Mailing Address 4907 Indian School Rd NE			Amount	23 2014
City	State	Zip Code		81.24
Salem	OK	97305	Transaction ID Date of Disbu	
Purpose of Expenditure voter guide		Category/ Type 004	04	25 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 01
DELINDA MORGAN		Oppose	President	Senate State: OR
Calendar Year-To-Date Per Election for Office Sought	7 7	772.47	Disbursement For: 2014 Other (spe	Primary General
(a) SUBTOTAL of Itemized Independent Expendi	tures		•	108.32
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Mrs. Gayle Atteberry Signature	[Electron	nically Filed] Date	04 / 25	2014

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Right to Life/Oregon PAC	
	C C00141572
Check if 24-hour report 48-hour report New report Amends report	rt filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Eagle Mailing Service	M M / D D / Y Y Y Y Y
Mailing Address 4907 Indian School Rd NE	04 23 2014 Amount
City State Zip Code Salem OK 97305	81.24 Transaction ID : SE.14246
	Date of Disbursement or Obligation
Purpose of Expenditure voter guide Category/ Type 004	04 25 7 2014
Name of Federal Candidate Support	Office Sought:
TOOTIE SMITH Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 426.86	Disbursement For:
Full Name of Payee Eagle Mailing Service	Date of Public Distribution/Dissemination
Lagic Mailing Corvice	04 23 2014
Mailing Address 4907 Indian School Rd NE	Amount
City State Zip Code	27.08
Salem OK 97305	Transaction ID : SE.14247 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Category/	Date of Disbursement of Obligation
voter guide Odleggry 004 Type 004	04 25 2014
Name of Federal Candidate Support	Office Sought: House District: 02
GREGORY P WALDEN Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:
	
(a) SUBTOTAL of Itemized Independent Expenditures	108.32
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	>
	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	·
Mrs. Gayle Atteberry [Electronically Filed] Date	04 25 2014
Signature Date	07 20 2014

Schedule E)	DENT EXICIO	TIONEO	PAGE 5 OF 20 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Right to Life/Oregon PAC			C C00141572
Check if 24-hour report X 48-hour report	rt New rep	port Amends repo	ort filed on
Full Name of Payee Eagle Mailing Service			Date of Public Distribution/Dissemination
Mailing Address 4907 Indian School Rd NE			04 23 2014 Amount
City	State	Zip Code	81.24
Salem	OK	97305	Transaction ID : SE.14248 Date of Disbursement or Obligation
Purpose of Expenditure voter guide		Category/ Type 004	04 / 25 / Y 2014
Name of Federal Candidate		Support	Office Sought: X House District: 01
WILLIAM JASON YATES		Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought	, , ,	853.71	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Eagle Mailing Service			04 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4907 Indian School Rd NE			Amount
City	State	Zip Code	81.24
Salem	OK	97305	Transaction ID : SE.14249 Date of Disbursement or Obligation
Purpose of Expenditure voter guiide		Category/ Type 004	04 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sought: X House District: 04
ART ROBINSON		Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		426.86	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expe	nditures		▶ 162.48
(b) SUBTOTAL of Unitemized Independent Ex	penditures		. •
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Mrs. Gayle Atteberry Signature	[Electron	nically Filed] Date	04 25 / 2014

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC	FEC IDENTIFICATION NUMBER ▼ C C00141572
Check if 24-hour report X 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee Eagle Web Press	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 12009	Amount
City State Zip Code Salem OR 97309	390.67 Transaction ID : SE.14221 Date of Disbursement or Obligation
Purpose of Expenditure voter guide Category/ Type 004	04 / 25 / 2014
Name of Federal Candidate JASON CONGER Offi Oppose	ice Sought: House District: President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought Dis 201	bursement For:
Full Name of Payee Eagle Web Press	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 12009	Amount
City State Zip Code	43.40
Salem OR 97309	Transaction ID : SE.14222 Date of Disbursement or Obligation
Purpose of Expenditure voter guide Category/ Type 004	04 25 2014
	ice Sought: X House District: 02
DENNIS BRADLEY LINTHICUM Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought Dis 20	sbursement For: Primary General Other (specify) General
(a) SUBTOTAL of Itemized Independent Expenditures	434.07
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·
Mrs. Gayle Atteberry [Electronically Filed] Date	04 25 2014

Schedule E)	I EXI END	TOTILO		PAGE 7 OF 20 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Right to Life/Oregon PAC				C C00141572
Check if 24-hour report X 48-hour report	New repo	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee Eagle Web Press			М	of Public Distribution/Dissemination
Mailing Address PO Box 12009			Amour	04 23 2014 nt
Cit.	Ctata	7:- Onda		420.00
City Salem	State OR	Zip Code 97309		130.22 action ID : SE.14223 of Disbursement or Obligation
Purpose of Expenditure voter guide		Category/ Type 004	М	04 25 2014
Name of Federal Candidate		Support	Office Sought	t: X House District: 01
DELINDA MORGAN		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	561.01	Disbursement 2014 Ot	t For:
Full Name of Payee Eagle Web Press			Date of	of Public Distribution/Dissemination
				04 / 23 / 2014
Mailing Address PO Box 12009			Amou	nt
City	State	Zip Code		130.22
Salem	OR	97309		ction ID : SE.14224 of Disbursement or Obligation
Purpose of Expenditure voter guide		Category/ Type 004		04 / 25 / Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sough	t: X House District:04
ART ROBINSON		Oppose	Preside	ent Senate State: OR
Calendar Year-To-Date Per Election for Office Sought	7 7	345.62	Disbursement 2014 Of	t For: X Primary General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	9S		, T	260.44
(b) SUBTOTAL of Unitemized Independent Expendit	ures			
(a) TOTAL ladenandent Funenditures			_	72 72 72
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Mrs. Gayle Atteberry	[Electron	ically Filed] Date	M M / 04	25 2014
Signature				

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Right to Life/Oregon PAC		C C00141572
		G section2
Check if 24-hour report 48-hour report New report	Amends report filed c	on M = M / D = D / Y = Y = Y
Full Name of Payee		Date of Public Distribution/Dissemination
Eagle Web Press		04 23 2014
Mailing Address PO Box 12009		Amount
City State Zip C	Code	130.22
Salem OR 9730	-	Transaction ID : SE.14225 Date of Disbursement or Obligation
Purpose of Expenditure voter guide Cate	egory/ Type 004	04 25 7 2014
Name of Federal Candidate	Support Office	Sought: X House District: 05
TOOTIE SMITH		President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 349	5.62 Disburs 2014	sement For:
Full Name of Payee Eagle Web Press		Date of Public Distribution/Dissemination
		04 23 7 2014
Mailing Address PO Box 12009		Amount
City State Zip (Code	43.40
Salem OR 9730		Fransaction ID : SE.14226 Date of Disbursement or Obligation
Purpose of Expenditure voter guide Cate	egory/ Type 004	04 / 25 / 2014
Name of Federal Candidate	X Support Office	Sought: X House District: 02
GREGORY P WALDEN	Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought	230.42 Disburg 2014	sement For:
(a) SUBTOTAL of Itemized Independent Expenditures		173.62
(2, 23210112 of Romazod Hadpordon Exponditures	•	173.02
(b) SUBTOTAL of Unitemized Independent Expenditures	······ •	1 1 7 1 1 7 1 1 7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		• • • • • • • • • • • • • • • • • • • •
Mrs. Gayle Atteberry [Electronically 1	Filed] Date 04	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)	L/((L. (L.)			PAGE 9 OF 20 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Right to Life/Oregon PAC				C C00141572
Check if 24-hour report X 48-hour report	New repo	ort Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee Eagle Web Press			M	f Public Distribution/Dissemination
Mailing Address PO Box 12009			Amour	04 23 2014 ot
City S	State	Zip Code		347.25
· ·	OR	97309		action ID : SE.14227 f Disbursement or Obligation
Purpose of Expenditure voter guide		Category/ Type 004	М	04 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District:
MONICA WEHBY		X Oppose	Preside	nt Senate State: OR
Calendar Year-To-Date Per Election for Office Sought	1	89804.43	Disbursement 2014 Ot	For:
Full Name of Payee Eagle Web Press			M	of Public Distribution/Dissemination
Mailing Address PO Box 12009			Amour	04 23 2014 nt
City	State	Zip Code		130.22
Salem	OR	97309		ction ID : SE.14228 If Disbursement or Obligation
Purpose of Expenditure voter guide		Category/ Type 004	M	04 25 / Y Y Y Y
Name of Federal Candidate		X Support	Office Sought	: X House District: 01
WILLIAM JASON YATES		Oppose	Preside	nt Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		691.23	Disbursement 2014 Ot	For:
(a) SUBTOTAL of Itemized Independent Expenditures				477.47
(b) SUBTOTAL of Unitemized Independent Expenditure)S		· [4 4 4
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized			
Mrs. Gayle Atteberry	[Electron	ically Filed] Date	M M /	25 / Y = Y = Y = Y = Y
Signature				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC	FEC IDENTIFICATION NUMBER ▼
rtight to Elio/Orogon i /to	C C00141572
Check if 24-hour report 48-hour report New report Amends report filed of	on M = M / D = D / Y = Y = Y
Full Name of Payee Eagle Web Press	Date of Public Distribution/Dissemination
	04 23 2014
Mailing Address PO Box 12009	Amount
City State Zip Code	43.40
	Transaction ID : SE.14229 Date of Disbursement or Obligation
Purpose of Expenditure voting guide Category/ Type 004	04 / 05 / 2514
Name of Federal Candidate Support Office s	Sought: X House District: 03
JAMES LAURENCE BUCHAL Oppose p	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Gateway Communications, Inc	04 24 2014
Mailing Address 16805 NE Mason Court	Amount
City State Zip Code	46454.90
	Transaction ID : SE.14207 Date of Disbursement or Obligation
Purpose of Expenditure mailing Category/ Type 004	04 / 24 / 2014
Name of Federal Candidate Support Office	Sought: House District:
JASON CONGER Oppose	President State: OR
Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For:
(a) SUBTOTAL of Itemized Independent Expenditures	46498.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Mrs. Gayle Atteberry [Electronically Filed] Date	M / 25 / 2014
Signature	

PAGE

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OF

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Right to Life/Oregon PAC		C C00141572
Check if 24-hour report X 48-hour report	New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee		Date of Public Distribution/Dissemination
Gateway Communications, Inc		04 24 2014
Mailing Address 16805 NE Mason Court		Amount
City	State Zip Code	9714.35
Portland	OR 97230	Transaction ID : SE.14208 Date of Disbursement or Obligation
Purpose of Expenditure mailing	Category/ Type 004	04 / 24 / 2014
Name of Federal Candidate	Support Office	Sought: House District:
JASON CONGER	Oppose	President State: OR
Calendar Year-To-Date Per Election for Office Sought	188013.51 Disbu 2014	rsement For:
Full Name of Payee KNLR		Date of Public Distribution/Dissemination
Mailing Address 30 E. BRIDGEFERED BLVD		05 01 2014 Amount
City	State Zip Code	1053.00
BEND	OR 97702	Transaction ID : SE.14206 Date of Disbursement or Obligation
Purpose of Expenditure radio ads	Category/ Type 004	04 / 24 / 2014
Name of Federal Candidate	Support Office	Sought: House District:
JASON CONGER	Oppose	President State: OR State:
Calendar Year-To-Date Per Election for Office Sought	189066.51 Disbu 2014	orsement For:
(a) SUBTOTAL of Itemized Independent Expenditure	es	10767.35
(b) SUBTOTAL of Unitemized Independent Expendit	ures	7 7 7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized committee or agent of either	
Mrs. Gayle Atteberry Signature	[Electronically Filed] Date 0	4 25 2014
Oignature		

PAGE

OF

Schedule E)	DENT EXICIO	TIONES	PAGE 12 OF 20 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Right to Life/Oregon PAC			C C00141572
Check if 24-hour report X 48-hour repo	rt New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Postmaster			04 / 23 / 2014
Mailing Address 1050 Sunnyview Rd			Amount
City	State	Zip Code	70.12
salem	OR	97301	Transaction ID : SE.14197 Date of Disbursement or Obligation
Purpose of Expenditure mailing for voter guide		Category/ Type 004	04 / 22 / 2014
Name of Federal Candidate		Support	Office Sought: X House District: 02
GREGORY P WALDEN		Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		143.62	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Postmaster			04 / 23 / 2014
Mailing Address 1050 Sunnyview Rd			Amount
City	State	Zip Code	70.12
salem	OR	97301	Transaction ID : SE.14198 Date of Disbursement or Obligation
Purpose of Expenditure mailing of voter guide		Category/ Type 004	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sought: House District: 03
JAMES LAURENCE BUCHAL		Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		71.81	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expo	enditures		▶ 140.24
(b) SUBTOTAL of Unitemized Independent E	xpenditures		>
			4 4
(c) TOTAL Independent Expenditures			•
	candidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Mrs. Gayle Atteberry Signature	[Electron	nically Filed] Date	9 04 25 2014
S.g.iataio			

Schedule E)	IDENT EXTEND	HONES	—	PAGE 13 OF 20 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Right to Life/Oregon PAC			C	00141572
Check if 24-hour report X 48-hour repo	ort New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Postmaster			04 /	23 / 2014
Mailing Address 1050 Sunnyview Rd			Amount	
City	State	Zip Code		70.12
salem	OR	97301	Transaction ID Date of Disburs	: SE.14199 sement or Obligation
Purpose of Expenditure mailing of voter guide		Category/ Type 004	04	22 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 02
DENNIS BRADLEY LINTHICUM		Oppose	President	Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		73.50	Disbursement For: 2014 Other (spe	Y Primary General
Full Name of Payee			Date of Public	Distribution/Dissemination
Postmaster			04	23 / 2014
Mailing Address 1050 Sunnyview Rd			Amount	
City	State	Zip Code		210.33
salem	OR	97301	Transaction ID Date of Disburg	: SE.14200 sement or Obligation
Purpose of Expenditure mailing of voter guide		Category/ Type 004	04	22 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 01
DELINDA MORGAN		Oppose	President	Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		220.47	Disbursement For: 2014 Other (spe	Primary General
(a) SUBTOTAL of Itemized Independent Exp	enditures		•	280.45
(b) SUPTOTAL of Unitemized Independent E	ivnondituros			
(b) SUBTOTAL of Unitemized Independent E	xperialtures		•	
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Mrs. Gayle Atteberry Signature	[Electron	nically Filed] Date	04 / 25	2014

Schedu	le E)	11 L /(1 L(1)	1101120			PAGE 14 OF 20 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC II	DENTIFICATION NUMBER ▼
Right t	o Life/Oregon PAC				С	C00141572
Check if	24-hour report X 48-hour report	New repo	port Amends repo	ort filed on	M = M /	/ D = D / Y = Y = Y
				-		
Pos	ame of Payee stmaster			Date	of Public	c Distribution/Dissemination / 23 / 2014
Mailin	g Address 1050 Sunnyview Rd			Amo	ount	
City		State	Zip Code			210.33
salem		OR	97301			ID: SE.14201 ursement or Obligation
	se of Expenditure ng of voter guide		Category/ Type 004		04	22 / 2014
Name	of Federal Candidate		Support	Office Sou	ght:	House District: 04
ART I	ROBINSON		Oppose	Pres		Senate State: OR
	Calendar Year-To-Date Per Election for Office Sought	7	215.40	Disburseme 2014	ent For: Other (sp	Primary General Decify) ▶
	ame of Payee			Date	e of Publi	c Distribution/Dissemination
Pos	tmaster				M M M	23 2014
Mailin	g Address 1050 Sunnyview Rd			Ame	ount	L
City		State	Zip Code	<u> </u>		210.33
salen	1	OR	97301			D: SE.14202 ursement or Obligation
	se of Expenditure ng of voter guide		Category/ Type 004		04 04	22 / 2014
Name	of Federal Candidate		X Support	Office Sou	ght:	House District:05
T001	FIE SMITH		Oppose	Pres	ident	Senate State: OR
	Calendar Year-To-Date Per Election for Office Sought	7 7	215.40	Disbursem 2014	ent For: Other (sp	X Primary General
(a) SU	BTOTAL of Itemized Independent Expenditur	'es		•		420.66
(b) SU	BTOTAL of Unitemized Independent Expendi	tures		··· •		
(c) TO	TAL Independent Expenditures			··· •	- 7-	1171121
with, or	penalty of perjury I certify that the independent at the request or suggestion of, any candidate committee) any political party committee or its	ate or authorized				
	Mrs. Gayle Atteberry	[Electron	nically Filed] Date	e 04	25	/ Y Y Y Y Y Y 2014
Sign	ature		_			

Schedule E)		JII OI LEO		PAGE 15 OF 20 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Right to Life/Oregon PAC			C	C00141572
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on/	D = D / Y = Y = Y
Full Name of Payee			Date of Public	: Distribution/Dissemination
Postmaster			M M /	23 / 2014
Mailing Address 1050 Sunnyview Rd			Amount	
City	State	Zip Code		560.75
salem	OR	97301	Transaction II Date of Disbu	D: SE.14203 rsement or Obligation
Purpose of Expenditure mailing of voter guide		Category/ Type 004	04	22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:
MONICA WEHBY		X Oppose	President	Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		560.75	Disbursement For: 2014 Other (specific	Primary General
Full Name of Payee			Date of Public	Distribution/Dissemination
Postmaster			04 /	23 / 2014
Mailing Address 1050 Sunnyview Rd			Amount	
City	State	Zip Code		630.87
salem	OR	97301	Transaction ID Date of Disbu	D: SE.14204 ursement or Obligation
Purpose of Expenditure mailing voter guide		Category/ Type 004	M 04 /	22 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District:
JASON CONGER		Oppose	President >	Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		131844.26	Disbursement For: 2014 Other (sp	Primary General secify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	dituros			1191.62
(a) SOBTOTAL OF REINIZED INDEPENDENT EXPEND	Jitures		-	1191.02
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•	7 7
(c) TOTAL Independent Expenditures				1 7 1 2
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorize			
Mrs. Gayle Atteberry Signature	[Electro	nically Filed] Date	04 / 25	2014

Schedule E)	NOENT EXILINO		PAGE 16 OF 20 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Right to Life/Oregon PAC			C C00141572
Check if 24-hour report X 48-hour rep	port New rep	ort Amends repo	ort filed on M M / D D / Y Y Y Y
Full Name of Payee			Date of Public Distribution/Dissemination
Postmaster			04 / 23 / 2014
Mailing Address 1050 Sunnyview Rd			Amount
City	State	Zip Code	210.32
salem	OR	97301	Transaction ID : SE.14205 Date of Disbursement or Obligation
Purpose of Expenditure maling for voter guide		Category/ Type 004	04 / 22 / 2014
Name of Federal Candidate		Support	Office Sought:
WILLIAM JASON YATES		Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		430.79	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Rise Graphic Design			04 / 21 / 2014
Mailing Address 2095 church St Se			Amount
City	State	Zip Code	1.69
Salem	OK	97302	Transaction ID : SE.14163 Date of Disbursement or Obligation
Purpose of Expenditure voter guide		Category/ Type 006	03 / 27 / 2014
Name of Federal Candidate		X Support	Office Sought:
JAMES LAURENCE BUCHAL		Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		1.69	Disbursement For:
(a) SUBTOTAL of Itemized Independent Ex	penditures		> 212.01
(b) SUBTOTAL of Unitemized Independent	Expenditures		·
(c) TOTAL Independent Expenditures			•
	candidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Mrs. Gayle Atteberry Signature	[Electron	ically Filed] Date	04 25 2014

Schedule E)	DENT EXPEND	JII ONES	PAGE 17 OF 20 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Right to Life/Oregon PAC			C C00141572
Check if 24-hour report X 48-hour repo	rt New re	port Amends repo	rt filed on
Full Name of Payee Rise Graphic Design			Date of Public Distribution/Dissemination
Mailing Address 2095 church St Se			04 21 2014 Amount
			, under
City Salem	State OK	Zip Code 97302	Transaction ID : SE.14164
Purpose of Expenditure VOTER GUIDE		Category/ Type 006	Date of Disbursement or Obligation 03 27 2014
Name of Federal Candidate		Support	Office Sought: House District:
JASON CONGER		Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought	7 7	54790.06	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Rise Graphic Design			04 21 7 2014
Mailing Address 2095 church St Se			Amount
City	State	Zip Code	1.69
Salem	OK	97302	Transaction ID : SE.14165 Date of Disbursement or Obligation
Purpose of Expenditure VOTER GUIDE		Category/ Type 006	03 / 27 / 2014
Name of Federal Candidate		X Support	Office Sought:
DENNIS BRADLEY LINTHICUM		Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought	,	1.69	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expe	enditures		. ▶ 17.99
(b) SUBTOTAL of Unitemized Independent E.	rpenditures		•
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Mrs. Gayle Atteberry Signature	[Electro	nically Filed] Date	04
-			

NAME OF COMMITTEE (In Full)	
	FEC IDENTIFICATION NUMBER ▼
Right to Life/Oregon PAC	C C00141572
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Rise Graphic Design	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2095 church St Se	ount
City State Zip Code	5.07
Salem OK 97302 Tra	insaction ID : SE.14166 te of Disbursement or Obligation
Purpose of Expenditure VOTER GUIDE Category/ Type 006	03 / 27 / 2014
Name of Federal Candidate Support Office Sou	ught: X House District: 01
DELINDA MORGAN	sident Senate State: OR
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For:
Full Name of Payee Dat	te of Public Distribution/Dissemination
Rise Graphic Design	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2095 church St Se	nount
City State Zip Code	5.07
Dat	nsaction ID : SE.14167 te of Disbursement or Obligation
Purpose of Expenditure VOTER GUIDE Category/ Type 006	03 / 27 / 2014
Name of Federal Candidate Support Office Sou	ught: X House District: 04
ART ROBINSON Oppose Pres	
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	10.14
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Mrs. Gayle Atteberry [Electronically Filed] Date 04	/ D D / Y Y Y Y Y 25 2014
Signature	

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OF

Schedule E)	DENT EXICIO	ITOTILO	<u> </u>	PAGE 19 OF 20 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Right to Life/Oregon PAC			Cc	00141572
Check if 24-hour report X 48-hour repo	rt New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Rise Graphic Design			Date of Public	Distribution/Dissemination
Mailing Address 2095 church St Se			04 Amount	21 2014
			Amount	
City	State	Zip Code		5.07
Salem	OK	97302	Transaction ID Date of Disburs	: SE.14168 sement or Obligation
Purpose of Expenditure VOTER GUIDE		Category/ Type 006	03	27 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:05
TOOTIE SMITH		Oppose	President	Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		5.07	Disbursement For: 2014 Other (spec	Y Primary General General
Full Name of Payee			Date of Public	Distribution/Dissemination
Rise Graphic Design			04	21 / 2014
Mailing Address 2095 church St Se			Amount	
City	State	Zip Code		1.69
Salem	OK	97302	Transaction ID : Date of Disburs	: SE.14169 sement or Obligation
Purpose of Expenditure VOTER GUIDE		Category/ Type 006	03	27 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 02
GREGORY P WALDEN		Oppose	President	Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		3.38	Disbursement For: 2014 Other (spe	Primary General Gify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures			6.76
			-	7 7
(b) SUBTOTAL of Unitemized Independent Ex	cpenditures		· •	7
(c) TOTAL Independent Expenditures)	4
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized			
Mrs. Gayle Atteberry Signature	[Electron	ically Filed] Date	04 / 25	2014
Signaturo				

Schedule E)	ENT EXILIN	DITORLO	PAGE 20 OF 20 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Right to Life/Oregon PAC			C C00141572
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	t filed on
Full Name of Payee Rise Graphic Design			Date of Public Distribution/Dissemination
Mailing Address 2095 church St Se			04 21 7 2014
2000 01141011 01 00			Amount
City	State	Zip Code	14.60
Salem	OK	97302	Transaction ID : SE.14170 Date of Disbursement or Obligation
Purpose of Expenditure voter guide		Category/ Type 006	03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:
MONICA WEHBY		X Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		54804.66	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Rise Graphic Design			04 21 2014
Mailing Address 2095 church St Se			Amount
City	State	Zip Code	5.07
Salem	ОК	97302	Transaction ID : SE.14171 Date of Disbursement or Obligation
Purpose of Expenditure VOTER GUIDE		Category/ Type 006	03 27 2014
Name of Federal Candidate		X Support	Office Sought: House District: 01
WILLIAM JASON YATES		Oppose	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		10.14	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expendent	litures		19.67
(b) SUBTOTAL of Unitermized Independent Expo	enditures		>
(c) TOTAL Independent Expenditures			67177.23
	ididate or authoriz		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Mrs. Gayle Atteberry Signature	[Electro	onically Filed] Date	04 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			